## LZ3000300712

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TALLANGSSEF, FLORIDA

## **COVER LETTER**

. TO:

Registration Section

Division of C	Corporations					
	DEN FILE, LLC					
SUBJECT:	Name of Lim	nited Liability Company				
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.				
Please return all corres	spondence concerning this matter	to the following:				
	CELIANNE FERNANDE	Z CRUZ				
	<del></del>	Name of Person	<u> </u>			
	CF GOLDEN FILE, LLC					
Firm/Company						
	8212 PENNYWELL PLA	CE				
		Address				
	TAMPA, FL 33615					
	-	City/State and Zip Code				
	CELIANNE04@GMAIL.C	COM (to be used for future annual report no	ntification)			
For further information	n concerning this matter, please c					
CELIANNE FERNA!	NDEZ CRUZ	813 601-2702				
Nam	e of Person	at () Area Code Dayti	me Telephone Number			
Enclosed is a check fo	r the following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Add Registration	n Section	Street Address: Registration S				
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee			
	e, FL 32314	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

CF GOLDEN FILE, LLC

2023 JUL 25 PM 3: 38

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

[All All SSEE Florida TALLAHASSEE, FLORIDA The Articles of Organization for this Limited Liability Company were filed on  $\frac{06/22/2023}{1}$ and assigned Florida document number L23000300712 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CELIANNE FERNANDEZ CRUZ	8212 PENNYWELL PLACE	≅Add
		TAMPA, FL 33615	□Remove
			Change
			□ Add
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an effective date is listed, the date must bote: If the date inserted in this bloc	e specific and cannot be k does not meet the a	prior to date of filing	or more than 90 days afte filing requirements, the	r filing.) Pursua is date will no	nt to 605.02 t be listed
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record specifies a delayed effective lis filed.	date, but not an effect	ive time, at 12:01 a	.m. on the earlier of: (	b) The 90th (	day after th
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Filing Fee: \$25.00